


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000102863	
1. Entity Name PALM MORTGAGE OF S W FLORIDA INC.	

Principal Place of Business 1720 EL JOBEAN RD #109 PORT CHARLOTTE, FL 33948	Mailing Address 1720 EL JOBEAN RD #109 PORT CHARLOTTE, FL 33948
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03312007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1151546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
NEWSOME, P. DIANE 101 SMALL ST. PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	NEWSOME, P. DIANE
STREET ADDRESS	101 SMALL ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	V <input type="checkbox"/> Delete
NAME	PICCIRILLO, JOHN
STREET ADDRESS	1141 DAVENPORT DR.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000691032
STREET ADDRESS	04/12/07-80014-017 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. Diane Newsome
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2007
Date Daytime Phone #